

Overview

The mission of the Substance Abuse and Mental Health Services Administration (SAMHSA) is to build resilience and facilitate recovery for people with or at risk for substance use and/or mental disorders. In 2001, SAMHSA created a matrix management system that outlines and guides the agency's activities in pursuit of this mission. The matrix includes 11 program priority areas, one of which addresses the unique needs of the criminal and juvenile justice population with or at risk for mental and/or substance use disorders. The matrix also includes a set of cross-cutting principles, including one recognizing the critical need for data for performance measurement and management. SAMHSA is in the process of developing and implementing a data strategy in order to measure the agency's success in meeting its mission. The National Outcome Measures (NOMs) is a key component of the data strategy. The NOMs have introduced a set of 10 measurable outcomes for three areas: mental health services, substance abuse treatment, and substance abuse prevention. As part of this effort, SAMHSA's activities and data have been reviewed to determine what outcomes could be measured for each NOMs domain.

The highlights contained here represent the best summary information about NOMs currently available from national-level SAMHSA data sets for the criminal and juvenile justice program priority area. Since this is a preliminary overview, these national-level data are used to describe possible baselines or starting points from which to measure changes in the future. These baseline data on the criminal and juvenile justice population are available for 4 of the 10 NOMs domains: Reduced Morbidity, Stability in Housing, Access/Capacity, and Retention. Further work is underway to identify potential data sources for use as measures of outcomes for the remaining domains. While not the focus of this summary, it is equally important to mention that SAMHSA's grant programs have demonstrated success and effectiveness in improving the lives of the criminal and juvenile justice population throughout the country. SAMHSA initiatives have reduced alcohol and other drug use, increased employment, and reduced law enforcement contacts.

SAMHSA's Action Plan for the criminal and juvenile justice program priority area is available at http://www.samhsa.gov/Matrix/SAP_criminal.aspx.

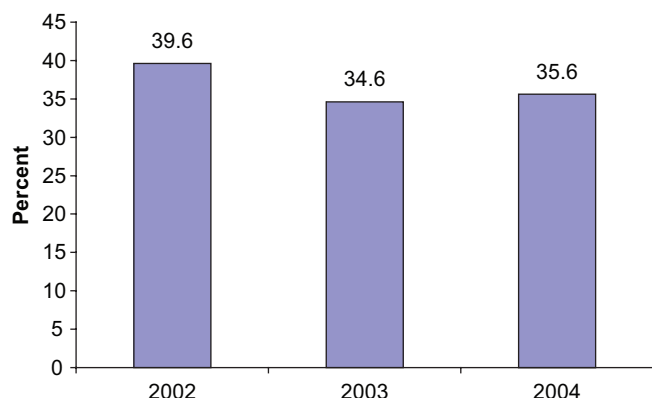
National Outcome Measures Overview

SAMHSA has developed these 10 NOMs domains in collaboration with the States. These domains are designed to embody meaningful, real life outcomes for people who are striving to attain and sustain recovery; build resilience; and work, learn, live, and participate fully in their communities. The development and application of NOMs is a key component of the SAMHSA initiative to set performance targets for State and Federally funded initiatives and programs for substance abuse prevention and mental health promotion, early intervention, and treatment services. The NOMs domains and their associated outcome measures are as follows:

- Reduced Morbidity (for substance abuse—abstinence from drug/alcohol use, including decreased use of substances of abuse, nonuser stability, increasing perceived risk, increasing disapproval, increasing age of first use; for mental health—decreased mental illness symptomatology)
- Employment/Education (getting and keeping a job; workplace drug and alcohol policy; alcohol, tobacco, and other drug school suspensions and expulsions; or enrolling and staying in school)
- Crime and Criminal Justice (decreased criminality, incarcerations, and alcohol-related car crashes and injuries)
- Stability in Housing (increased stability in housing)
- Social Connectedness (family communication about drug use, increasing social supports and social connectedness)
- Access/Capacity (increased access to services/increased service capacity)
- Retention (for substance abuse—increased retention in treatment, access to prevention messages, evidence-based programs/strategies; for mental health—reduced utilization of psychiatric inpatient beds)
- Perceptions of Care (or services)
- Cost Effectiveness
- Use of Evidence-Based Practices

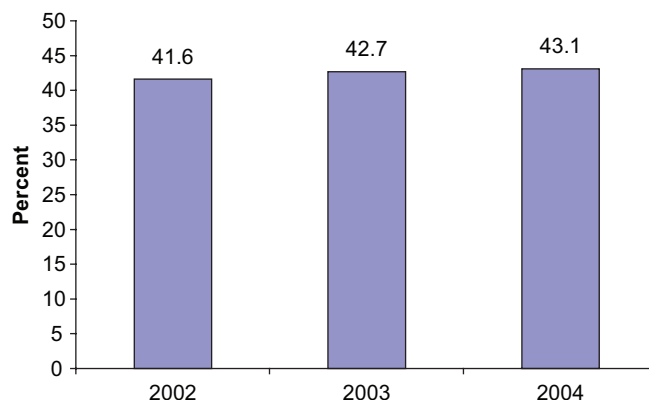
Current data regarding substance abuse among the crime and juvenile justice population are available from

Figure 1. Percent of Persons on Probation, Parole, or Supervised Release Who Perceive a Great Risk of Harm from Drinking Five or More Drinks 1 or 2 Times per Week: 2002–2004



Source: SAMHSA, OAS, 2002, 2003, and 2004 NSDUH [Data file].

Figure 2. Percent of Persons on Probation, Parole, or Supervised Release Reporting Binge Alcohol Use in Past Month: 2002–2004



See notes at end.

Source: SAMHSA, OAS, 2002, 2003, and 2004 NSDUH [Data file].

several of SAMHSA's national-level data sets, including the National Survey on Drug Use and Health (NSDUH), the National Survey of Substance Abuse Treatment Services (N-SSATS), the Treatment Episode Data Set (TEDS), and the Uniform Reporting System (URS). However, it must be noted that TEDS data are primarily drawn from substance abuse treatment facilities that receive some public funding. In addition, URS, which is the major source of mental health reporting for SAMHSA's Center for Mental Health Services (CMHS), consists of data collected voluntarily by the States. These data tend to have large ranges in the values reported because of important variations in State data systems, reporting capacity, means of instrumentation, data collection methods, and variable definitions, as well as in the number of States reporting any data for a specific variable. In addition, the URS data set represents only individuals who have been seen through a publicly funded mental health system served by the State Mental Health Authority. The URS data set does not include individuals seen by private providers or individuals receiving their mental health services from other agencies such as the criminal and juvenile justice systems, homeless programs and child welfare. However, CMHS is working with an external expert panel to develop a plan to refine their data and expand their data sets.

Recognizing that there are challenges to critically examining NOMs in the criminal and juvenile justice program priority area, SAMHSA is striving to develop more in-depth and comprehensive data and to fine-tune strategies to effectively collect data on this unique population. SAMHSA is also making continuous efforts to elaborate the definitions of the outcomes. As SAMHSA refines and implements

the data strategy for performance measurement and management, additional NOMs data for criminal and juvenile justice will be developed.

Substance Abuse Prevention NOMs for the Criminal and Juvenile Justice Population

Within the substance abuse prevention area, national-level data for the criminal and juvenile justice population are available under the Abstinence from Drug/Alcohol Use domain. These data come from NSDUH.¹ Figure 1 shows that the percentage of persons on probation, parole, or supervised release who perceived a great risk of harm from heavy alcohol use was 35.6 in 2004. Figure 2 indicates that 43.1 percent of those in the same population reported binge alcohol use in the past month in that same year.

For the remaining NOMs prevention domains (Employment/Education, Crime and Criminal Justice, Access/Capacity, Retention, Social Connectedness, Cost Effectiveness, and Use of Evidence-Based Practices), information specific to the criminal and juvenile justice population cannot be isolated from SAMHSA's national-level data sets and looked at independently from the broader population; thus outcomes appropriate to the criminal and juvenile justice population cannot be reported from SAMHSA's national-level data sets. Some NOMs for substance abuse prevention, however, will be obtained from data sets developed by other agencies such as the Departments of Transportation and Justice.

Substance Abuse Treatment NOMs for the Criminal and Juvenile Justice Population

For substance abuse treatment, national-level data are available for the criminal and juvenile justice program priority area under the Access/Capacity and Retention domains. NSDUH¹ provides access/capacity data, while retention data are provided by TEDS.² In 2004, approximately 29 percent of persons on probation, parole, and supervised release needed but did not receive treatment for substance abuse (Figure 3). The retention measure relates to length of stay in treatment. In 2003, the median length of stay for criminal and juvenile justice population discharges who completed their treatment varied by the type of service received: within ambulatory services, the median length of stay for outpatient care was 104 days and for intensive outpatient care 62 days; within residential services, median lengths of stay were 26 days for short-term care, 87 days for long-term care, and 14 days for hospital care; and the median length of stay for those completing detoxification services was 1 day (Figure 4).

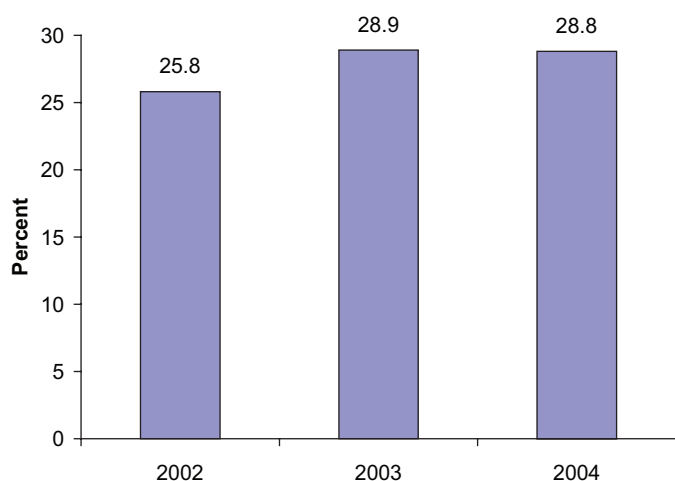
Data on outcomes for four of the substance abuse treatment domains (Reduced Morbidity, Employment/ Education, Crime and Criminal Justice, and Stability in Housing) will be available when the State Outcomes Measurement and Management System (SOMMS) data set is fully implemented in fiscal year (FY) 2008. For the remaining substance abuse

treatment domains (Social Connectedness, Perception of Care, Cost Effectiveness, and Use of Evidence-Based Practices), information specific to the criminal and juvenile justice population cannot be isolated from SAMHSA's national-level data sets and looked at independently from the broader population; thus, outcomes appropriate to the criminal and juvenile justice population cannot be reported from SAMHSA's national-level data sets. However, SAMHSA's Treatment Drug Court Program currently collects relevant data for use in monitoring the performance of individual grantees.³ To date, the program has served 4,143 clients or 91 percent of all clients it was projected to serve. It has also shown overall positive increases in data related to the following NOMS domains: abstinence from drug/alcohol use, crime and criminal justice, employment, social connectedness, and stability in housing (Figure 5).

Mental Health Services NOMs for the Criminal and Juvenile Justice Population

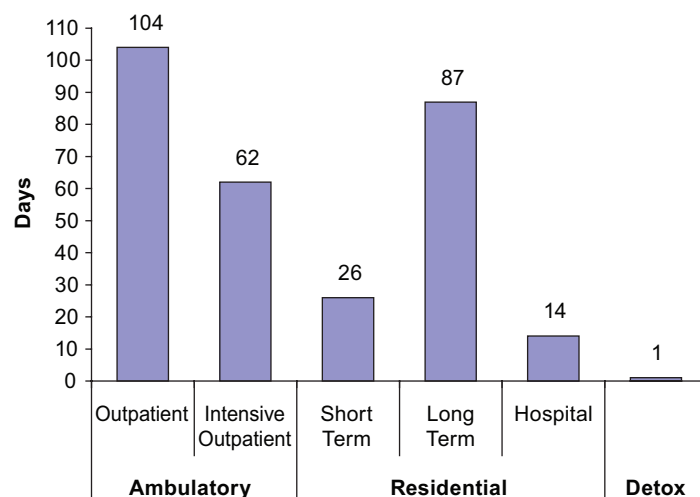
National-level mental health services data are available for 2 of the 10 domains (Stability in Housing and Access/Capacity). All data are from URS.⁴ According to State mental health agencies, 2.6 percent of all mental health consumers, both adult and juvenile, using State mental health

Figure 3. Percent of Persons on Probation, Parole, or Supervised Release Who Needed But Did Not Receive Substance Abuse Treatment at a Specialty Facility in Past 12 Months: 2002–2004



See notes at end.
Source: SAMHSA, OAS, 2002, 2003, and 2004 NSDUH [Data file].

Figure 4. Median Length of Stay for Discharges Referred by the Criminal Justice System and Who Completed Substance Abuse Treatment, by Type of Service: 2003

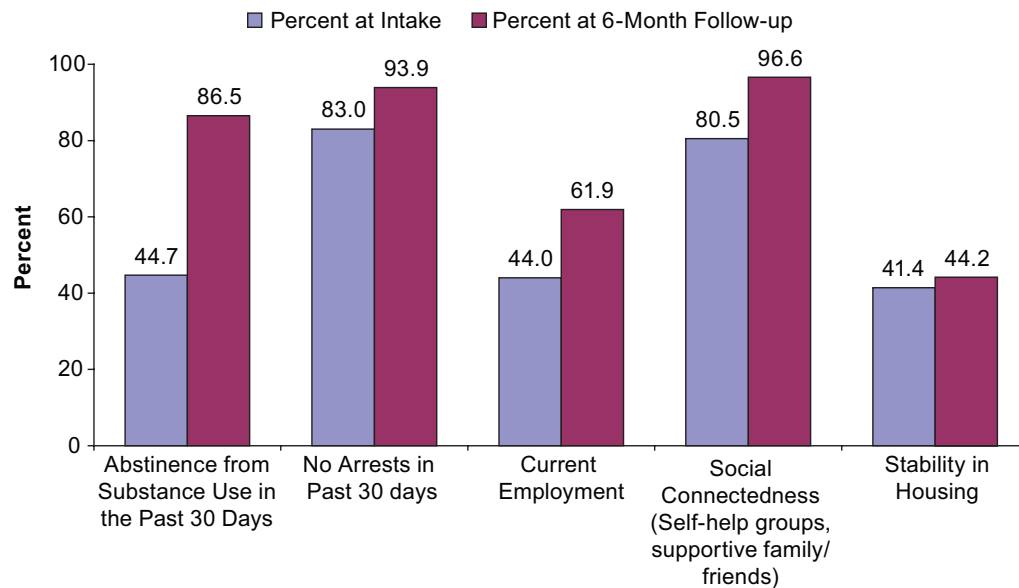


See notes at end.
Source: SAMHSA, OAS, 2003 TEDS [Data file—discharge data not released; for SAMHSA internal use only].

services were living in jails and other correctional settings in FY 2004.⁵ State mental health agencies also reported demographic characteristics of all mental health consumers living in jails and other correctional settings. Their findings showed that the 18- to 64-year-old category was the largest at over 2 percent; males outnumbered females by more than 3 to 1; and Black/African Americans represented the largest racial/ethnic group at nearly 4 percent overall versus roughly 2 percent for both people of Hispanic origin and Whites (Figure 6).

For the remaining mental health services domains (Decreased Mental Illness Symptomatology, Employment/Education, Crime and Criminal Justice, Reduced Utilization of Psychiatric Inpatient Beds, Social Connectedness, Perception of Care, Cost Effectiveness, and Use of Evidence-Based Practices), information specific to the criminal and juvenile justice population cannot be isolated from SAMHSA's national-level data sets and looked at independently from the broader population; thus, outcomes appropriate to the criminal and juvenile justice population cannot be reported from SAMHSA's national-level data sets at this time.

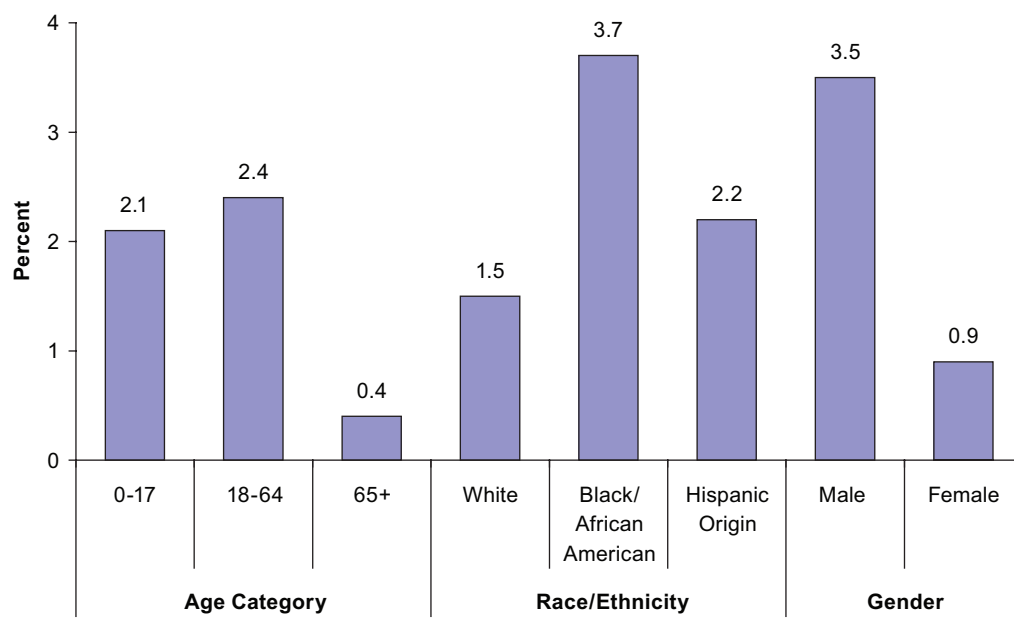
Figure 5. Percent of Treatment Drug Court Program Participants at Intake and 6-Month Follow-Up, by Selected NOMs Measures: 2002–2006



Note: See notes at end.

Source: SAMHSA, Center for Substance Abuse Treatment (CSAT), Services Accountability Improvement System (SAIS) [Data file—October 2002 through February 2006].

Figure 6. Percent of All Mental Health Consumers Living in Jails and Other Correctional Settings, by Age Category, Race/Ethnicity, and Gender: FY 2004



See notes at end.

Source: SAMHSA, CMHS, 2004 URS [Appropriateness Domain Table 7].

Figure Notes:

Figure 2: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

Figure 3: Respondents were classified as needing treatment for a substance abuse problem if they met at least one of three criteria during the past year: (1) dependent on illicit drugs or alcohol; (2) abuse of illicit drugs or alcohol; or (3) received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

Figure 4: These are preliminary estimates based on data from the 26 States or jurisdictions that had linked discharge to admission records for 2003. The service categories exclude records where methadone treatment was planned (TEDS data file).

Figure 5: These data are based on responses for a matched sample of 2,703 clients from baseline to six months post baseline. Note that the social connectedness measure assesses a smaller number of people given the late addition of this item to the Government Performance and Results Act (GPRA) tool.

Figure 6: Data on the percentage of mental health consumers living in jails and other correctional settings, by age, gender, and race/ethnicity as reported by 39 States or jurisdictions for all demographic variables except ethnicity, which was reported by 37 States or jurisdictions (URS Appropriateness Domain Table 7).

References:

1. Substance Abuse and Mental Health Services Administration, Office of Applied Studies. 2002, 2003, and 2004 *National Survey on Drug Use and Health* [Data file].
2. Substance Abuse and Mental Health Services Administration, Office of Applied Studies. 2003 *Treatment Episode Data Set* [file of data received through September 14, 2005—discharge data not released; for SAMHSA internal use only].
3. The Treatment Drug Court Program submits these data in compliance with the Government Performance and Results Act (GPRA). These data form part of the Services Accountability Improvement System (SAIS), which was created to assist the Center for Substance Abuse Treatment (CSAT) in monitoring and managing its discretionary grant portfolio. It must be noted that SAIS was not designed as a research data base or as an instrument to detect or track trends in substance abuse or treatment. Consequently, SAIS data are reflective of individual grantee performance, and therefore, should primarily be used to monitor the performance of unique grantees. While some grant programs (e.g., Pregnant and Postpartum Women—PPW) may have comparable target populations, many others (e.g., Homeless, Targeted Capacity Expansion [TCE] General) do not, and even for those grant programs that may have comparable target populations, not all grant recipients are utilizing the same or similar interventions. The performance data that are collected are exceptionally useful in managing specific grants, but must be interpreted with extreme caution in their aggregate form.
4. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2005). 2004 *CMHS Uniform Reporting System output tables* (Appropriateness Domain Tables 5 and 7). Retrieved January 13, 2006, from <http://www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/URS2004.asp>.
5. Data on the living situation of consumers served by State mental health agency systems selected for those in jail/correctional facilities and with a known living situation as reported by 35 States or jurisdictions (URS Appropriateness Domain Table 5). Retrieved January 13, 2006, from <http://www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/URS2004.asp>.